

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FROM: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-012

2. STATE:

MN

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

4-01-00

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

§ 1902 (r)(2) ; § 1917

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 0
b. FFY 2000 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

- Page 53c and 69a
- Page 4 of Attachment 2.6 A *page 3 withdrawn*
- Page 2, adding page 3 of Supplement 8a to Attachment 2.6 -A
- Page 2 of Supplement 8b to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Pages 53c and 69a
Page 4 of Att 2.6 A
Page 2 of Supplement 8a to Att 2.6 A

10. SUBJECT OF AMENDMENT:

More liberal financial methods

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
- ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

June 21, 2000

16. RETURN TO:

Stephanie Schwartz
Minnesota Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6/27/00

18. DATE APPROVED:

12/18/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/00

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

JUN 27 2000

DMIO - Minnesota

MINNESOTA
MEDICAL ASSISTANCE

Federal Budget Impact of State Plan Amendment TN 00-12
Attachment 2.6-A, page 4, Supplement 8a, page 2 and Supplement 8b, pages 2 and 3 to
Attachment 2.6-A of the Minnesota Medicaid State Plan

The Department estimates that increased costs to the Medicaid Program due to these amendments would be less than \$100,000 per year.

Revision: HCFA-PM-95-3
MAY 1995

53c
(MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Minnesota

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917 (b)(2) of the Act and regulations at 42 CFR §433.36 (h)-(i).

(1) Adjustment ~~of or~~ recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.

(2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:

(a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or

(b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.

(3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

(4) Because the State has resolved its claims in connection with In re Factor VIII or IX Concentrate Blood Products Litigation, MDL-986m Bi, 93-C7452 (N.D. Ill)(consolidated under Case No. 96-C5024), the State will not seek adjustment or recovery of medical assistance benefits correctly paid on behalf of a member of the settlement class in such case from the settlement payment made to a member of the settlement class or to his or her estate.

P.L. 105-369

(5) A payment under the Ricky Ray Hemophilia Relief Fund Act of 1998 is not subject to adjustment or recovery for medical assistance benefits correctly paid.

TN No. 00-12
Supersedes
TN No. 97-34

Approval Date: _____

Effective Date: April 1, 2000

Revision: HCFA-PM-94-1
FEBRUARY 1995

(MB)

69a

State: Minnesota

Citation

42 CFR 433.139(b)(3)(iii)(A)

(c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

(d) ATTACHMENT 4.22-B specifies the following:

42 CFR 433.120(b)(3)(ii)(C)

(1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).

42 CFR 433.139(f)(2)

(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

42 CFR 433.139(f)(3)

(3) the dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20

(e) The Medicaid agency ensures that the provider furnishing a services for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

(f) Third Party Liability Limitations:

Because the State has resolved its claims in connection with In re Factor VIII or IX Concentrate Blood Products Litigation, MDL-986m Bi, 93-C7452 (N.D. Ill)(consolidated under Case No. 96-C5024), the State will not subject a settlement payment under this case to (by subrogation or otherwise) third party liability for medical assistance benefits correctly paid on behalf of a member of the settlement class.

P.L. 105-369

A payment under the Ricky Ray Hemophilia Relief Fund Act of 1998 is not (by subrogation or otherwise) treated as a third party payment nor is such payment subject recovery, recoupment, reimbursement, or collection with respect to medical assistance benefits correctly received.

TN No. 00-12
Supersedes
TN No. 94-15

Approval Date: _____

Effective Date: April 1, 2000

State: MINNESOTA

Citation	Condition or Requirement
B. Posteligibility Treatment of Institutionalized Individuals' Incomes	
1. The following items are not considered in the posteligibility process:	
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.
	j. Blood Products Settlement Payments described in Supplement 15 To <u>Attachment 2.6-A</u> .
606 of P. L. 105-78	k. Payments by the Secretary of Defense to persons captured and interned by North Vietnam pursuant to section 657 of P. L. 104-201.
201 of P. L. 105-369	l. <u>Payment under the Ricky Ray Hemophilia Relief Fund Act of 1998.</u>

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991SUPPLEMENT 8a TO ATTACHMENT 2 6-A
Page 2

POLICY	HOW POLICY IS MORE LIBERAL	GROUPS TO WHICH POLICY IS APPLIED																								
<p>Pregnant women and infants disregard. For families with earned income only, the State will disregard income in the amount of 90% of the federal poverty level for the size family involved as revised annually in the <i>Federal Register</i> rather than the \$90 disregard plus the following amounts.</p> <table><tr><td><u>Household Size</u></td><td><u>Disregard</u></td></tr><tr><td>1</td><td>\$136</td></tr><tr><td>2</td><td>140</td></tr><tr><td>3</td><td>145</td></tr><tr><td>4</td><td>149</td></tr><tr><td>5</td><td>156</td></tr><tr><td>6</td><td>161</td></tr><tr><td>7</td><td>165</td></tr><tr><td>8</td><td>170</td></tr><tr><td>9</td><td>177</td></tr><tr><td>10</td><td>181</td></tr><tr><td>Each add'l person</td><td>5</td></tr></table> <p>For families with unearned income only, the State will disregard income in the amount of 90% of the federal poverty level for the size family involved as revised annually in the <i>Federal Register</i>.</p>	<u>Household Size</u>	<u>Disregard</u>	1	\$136	2	140	3	145	4	149	5	156	6	161	7	165	8	170	9	177	10	181	Each add'l person	5	AFDC applies earned income disregards of \$30 plus 1/3 of the remainder and \$90.	Pregnant women and infants poverty level group. § 1902(a)(10)(A)(i)(IV).
<u>Household Size</u>	<u>Disregard</u>																									
1	\$136																									
2	140																									
3	145																									
4	149																									
5	156																									
6	161																									
7	165																									
8	170																									
9	177																									
10	181																									
Each add'l person	5																									
Employed disabled family income disregard. In step one, disregard earned and unearned income of the employed disabled person, and other family members.	Eligibility for the working disabled person uses a net income test of family income at or below 250% of the federal poverty level for the family size after application of SSI income disregards and exemptions.	Working Disabled Buy In §1902(a)(10)(A)(ii)(XIII)																								
Employed disabled and spouse income disregard. In step two, disregard all unearned income of the disabled person and do not deem earned and unearned income of the ineligible spouse.	Step two of the eligibility determination for the disabled person applies SSI income methods to determine if the individual would, but for earnings in excess of the limit in §1905(q)(2)(B), be eligible to receive SSI benefits, including deeming income of the ineligible spouse to the disabled person	Working Disabled Buy In §1902(a)(10)(A)(ii)(XIII)																								
SSI recipient disregard. Disregard income of SSI recipients up to an amount that is the difference between the income standard and the federal benefit rate.	SSI has no similar disregard.	Individuals who meet more restrictive requirements than SSI. §1902(f)																								
Income disregard. Disregard the difference between the former AFDC income standards in effect on 7/16/96 and the income standards for the §1931 group	No similar disregard in Title XIX.	All mandatory and optional categorically needy groups related to AFDC.																								
Census income disregard. <u>Disregard earned income of temporary census employees who were recipients in Minnesota health care programs on or before March 1, 2000.</u>	SSI and AFDC have no similar disregard.	All mandatory and optional categories in the Medicaid State Plan <u>not subject to the limitation on FFP in section 1903(f) of the Act</u>																								

TN No. 2000-12
Supersedes
TN No. 2000-13

Approval Date _____

Effective Date 4/1/2000